

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

32978

1. PLACE OF DEATH

County JacksonRegistration District No. 305Township St. Luke's HospitalPrimary Registration District No. 100City St. LouisFile No. 3908Registered No. 3908St. St. Louis Ward St. Louis

2. FULL NAME

Emmett Jenkins(a) Residence, No. Pharant Hill Mo.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1mos. 1

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Joseph Jenkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 4 - 1874

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59129

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Movi Pictures

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

proprietor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barre VT

FATHER

13. NAME

Wm Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

MOTHER

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

unknown

17. INFORMANT (ADDRESS)

Wayne Jenkins Pharant Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE 10-6 1933

19. UNDERTAKER (ADDRESS)

Ridley - James Co. 210

20. FILED

10-4-1933 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 193322. I HEREBY CERTIFY, That I attended deceased from Oct 1 1933, to Oct 3 1933I last saw him alive on Oct 3 1933. Death is saidto have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetic coma
Acute Diabetes

Other contributory causes of importance:

Name of operation Nephrectomy Date of 10-3-33What test confirmed diagnosis? Staphylococcus Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury 10-3-33Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify no(Signed) James C. Ridley M. D.(Address) 803 - Lees Summit Mo.

